

Cholera

EPIDEMIC CHOLERA

AND

EPIDEMIC DIARRHŒA:

CAN THESE DISEASES BE PREVENTED?

PRACTICAL SUGGESTIONS

FOR DIMINISHING THE SEVERITY OF,

AND

MORTALITY FROM, THESE EPIDEMICS.



PRESENTED
by the
AUTHOR.

BY

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EPIDEMIC CHOLERA AND EPIDEMIC DIARRHŒA :

CAN THESE DISEASES BE PREVENTED?

AS regards the public health, there can scarcely be asked a more important question, nor one more closely affecting the entire community, not only of this country, but also of many others throughout the civilised world, than that placed at the head of this short communication. Can Epidemic Cholera and Epidemic Diarrhœa be prevented?

This enquiry almost naturally suggests to the observing and reflecting Physician, or Medical Practitioner, a second question, subordinate indeed in many respects to the former, yet still, like that, one of very great importance to the community at large. It is this:

Whenever and wherever these formidable epidemic diseases, Cholera and Diarrhœa, may have occurred or broken out, can they be arrested, moderated, or mitigated in extent or in severity? It is my hopeful opinion, expressed with a degree of confidence, almost amounting to conviction, that these two very important questions may be answered in the affirmative. And it is the object of this communication, to bring under the attentive consideration of my professional brethren, to place before my readers, the evidence, such as it is, upon which this conviction, this hopeful opinion is founded. I, at once, frankly admit, that the amount of evidence which I can adduce at present, is but slight; yet, I think, I am fully warranted in stating, that it accumulates, and is strengthened by almost daily additions, derived from repeated observations, and experience founded thereupon; the only true tests that can confirm or destroy the correctness of the views or opinions

which I now venture to enunciate. During the late, or perhaps I ought rather to say, during the still existing outbreak or occurrence of Epidemic Cholera and Diarrhœa in the metropolis, I, in common with other physicians or medical practitioners, have given some degree of attention to the proceedings that have been taken by various authorities in the respective districts of the metropolis, consequent thereupon; as well as to the daily returns of mortality from these epidemic diseases, issued by the Registrar-General. During all this period, my own mind has been much struck, my own attention has been forcibly arrested by one fact or circumstance connected therewith; which is this: that, as far as I know, no systematic efforts, no regulated attempts, have been adopted by public authorities with the view to *prevent* the spread of these epidemics in infected districts, or to *prevent* the occurrence of them in uninfected districts, by the administration *internally* of medicines or remedies, which, in my opinion, are well calculated to accomplish such sanitary, such beneficial results. And it is the express design of this short communication to draw a more general attention to this fact, as well as, in some degree, to indicate, to point out, some reasons why the systematic adoption of such measures, in addition to those sanitary regulations now in operation, might reasonably be expected to aid in accomplishing these most desirable results. I think, if some of our older physicians of high repute, as Sydenham, Huxham, Cheyne, and others, were now living, and practising their art amongst us, with their then amount of knowledge of remedies, they would very strongly recommend, they would energetically prescribe, the free use of what they termed "The Bark," for they knew nothing of what is now well known to us as the active medicinal principle of Cinchona Bark, Quinine, and its salts. My reasons for advancing this opinion will appear in the course of this communication.

Few persons can be more liable than myself to attacks of summer or autumn diarrhœa; for, I scarcely know what it is to pass through a summer or an autumn in London, without suffering from one or more attacks of less or of greater severity, and yet, during this present summer or autumn, I have up to this time, now the end of the month of October, altogether escaped, and this too, be it remembered through a period, during which we must suppose a choleraic or diarrhœal influence of some kind or other, to have prevailed to no small extent throughout the metropolis. I attribute the immunity from diarrhœal disease of which I

speak, in no degree to attention to the kind of diet which I have taken throughout the summer or autumn, for that has been of the most indiscriminate character, but entirely to the fact, that I have adopted the daily practice of taking small and repeated doses of *quinine* or of *salicine* in one or other form; so that I may describe myself as being *quinidized*, *cinchonized* or *salicinized*. I have employed the same medicinal agent *quinine*, in the same manner and with a similar result, in the case of another patient, like myself an adult. This patient has taken only the *quinine*, whereas I have taken both *quinine* and *salicine*, but much more of the former drug. I was in average good health when I commenced to take *quinine* entirely as a preservative or protective agent against attacks of diarrhœa, with the hope of diminishing or averting any predisposition that might exist in me to be attacked with that form of disease. At present, we have but little evidence, if any at all, of the value of quinine as a remedy in the case of persons suffering from attacks of cholera; but in some forms of diarrhœa, it may be regarded as a very serviceable remedy. In my judgment it well merits a careful trial in both Epidemic Cholera and Epidemic Diarrhœa.

We know too, that the internal administration of Cinchona bark, whether as such, or in the form of its active principle quinine with its salts, especially that of the sulphate or di-sulphate of quinine, will succeed not only in *curing*, but also in *preventing* attacks of the ague, or intermittent fever of this country; and assuming for the sake of argument, for we do not know what is its real nature, that the cholera poison may be a miasm or malarious agent, similar in some respects to marsh miasm, but much more deadly in its effects upon the human frame, might we not reasonably hope that similar remedies would be followed by corresponding beneficial results? Now, would it not be at once suitable, seasonable, and practicable, so to administer the *quinine* to the households, or to the inhabitants of infected or even in some cases, of threatened localities in suchwise, as that, so to speak, they might be *quinidized*, or *cinchonized*, with a reasonable hope, that by this means they should become *protected* against the morbid influence of the cholera, or diarrhœa producing agency or factor, or agencies or factors of whatever nature, this or these agencies or factors may be? I think it would be very easy, and quite practicable to do so; and with very reasonable hopes of a successful result in many cases.

Other medicines of this same class may be suggested for adoption, as *salicine*, the active principle of the willow bark, or even the *white oxide of arsenic*, which is known to exert a powerful influence as a remedy against ague, or intermittent fever.

The great pathological problem to be solved, the beneficial sanitary result to be obtained, in this condition of the entire community is this: How, or by what means can the population of our towns and country districts be placed in such circumstances, as that they shall not morbidly succumb to the pernicious influences surrounding them? I entertain a strong persuasion, almost amounting to conviction, that this may be done in the mode now indicated; in other words, that we possess the means to accomplish this most desirable end. And this too, mainly and medicinally, by the internal administration of *quinine* and its salts. I would have our families, wherever threatened with an attack of Epidemic Cholera, or of Epidemic Diarrhœa, so placed under the influence of *quinine*, as to become *quinidized* or *cinchonized*, or, they might be *salicinized*, or *arsenicized*, by the administration either of *salicine*, or of *arsenic*. The mode herein indicated, aims at the diminishing, or even at the destroying, of the predisposition to take these diseases; without which they can take no powerful hold upon the animal organism.

I would, therefore, most strongly recommend that all persons employed in any way as attendants upon or about those attacked with epidemic cholera or diarrhœa should not fail to take from time to time repeated doses either of *quinine* or of *salicine*, with the view to protect themselves from attacks of these diseases, by diminishing or possibly by destroying altogether any predisposition they may have to fall victims to their influence when exposed thereto. The class of persons here referred to need not be specially indicated; every description of attendants upon the sick being included in this category, as friends, nurses, sick visitors, &c., &c.

Finally, one or two words upon a somewhat kindred subject—the cattle plague. I have been now for some years past a member of the Royal Agricultural Society, and therefore may be supposed to have paid some little attention to the progress and results of the rinderpest, or cattle plague, which has so greatly devastated the herds of our own as well as those of other countries on the continent of Europe. Now, I entertain strongly the opinion that it is in a similar direction that we must look for the *prevention*

of our cattle from the havoc, the ravages of this most formidable disease. We must not wait for the opportunity to attempt the *cure* of the animal when it shall have been attacked with the disease; but we must *prevent* or *protect* the animal from being the victim of an attack of the malady in question.

Can this be done? I venture to express the opinion that it can, and by the *internal* administration to the animal of the same class of remedies to which I draw the attention of my readers in this short communication, written expressly upon one of the greatest known plagues affecting the human animal—Epidemic Cholera. For, be it remembered, the typical anatomical construction of the human animal, does not greatly differ from that of the bovine animal, belonging, as they both do, to the great zoological class—vertebrata. And if it be admitted, as we must admit, that the anatomical construction of both closely resemble each other, we shall not be far wrong in supposing, and in acting upon the supposition, that the physiology and the pathology of each, in many respects are not very widely different, and consequently the latter, the pathology of each, will be amenable to the same or similar modes of *prevention*, *relief*, and *cure*.

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